## NOT SPECIFIED /OTHER

| AMENDMENT OF SOLICITATION/MODIFIC  | ATION OF CONTRACT  | CONTRACT ID CODE   | PAGE OF PAGES                           |  |  |  |
|--|--|--|---|--|--|--|
| 2. AMENDMENT/MODIFICATION NO.  | 3. EFFECTIVE DATE  | 4. REQUISITION/PURCHASE REQ. NO.   | 5. PROJECT NO. (If applicable)          |  |  |  |
| 092  | See Block 16C  | 09EM000311   | (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |  |  |  |
| 6. ISSUED BY CODE  | 00701  | 7. ADMINISTERED BY (If other than Item 6) CODE 00701   |   |  |  |  |
| Idaho Operations<br>U.S. Department of Energy<br>Idaho Operations<br>1955 Fremont Avenue<br>Idaho Falls ID 83415       |  | Idaho Operations U.S. Department of Energy Idaho Operations 1955 Fremont Avenue MS 1221  |   |  |  |  |
| 8. NAME AND ADDRESS OF CONTRACTOR (No., stree  | t sounts State and 7/D Code)   | Idaho Falls ID 83415  (x) 9A. AMENDMENT OF SOLICITATION NO.  |   |  |  |  |
| CH2M WG IDAHO LLC<br>Attn: Ronald J. Slottke<br>151 NORTH RIDGE AVENUE<br>SUITE 150<br>IDAHO FALLS ID 834024039        | , sound the En Good  | 9B. DATED (SEE ITEM 11)  10A. MODIFICATION OF CONTRACT/ORDER DE-ACO7-05ID14516  10B. DATED (SEE ITEM 11)   | R NO.                                   |  |  |  |
| CODE 166527560   | FACILITY CODE  |  |   |  |  |  |
| 166527569  | and the same of th | 03/23/2005   |   |  |  |  |
| The above numbered solicitation is amended as set for  |  | AMENDMENTS OF SOLICITATIONS  | xtended, is not extended.               |  |  |  |
| CHECK ONE  A. THIS CHANGE ORDER IS ISSUED IN ORDER NO. IN ITEM 10A.  | DIFICATION OF CONTRACTS/ORDER: PURSUANT TO: (Specify authority) TH   | t Increase:  S. IT MODIFIES THE CONTRACT/ORDER NO. AS D  HE CHANGES SET FORTH IN ITEM 14 ARE MADE I  T THE ADMINISTRATIVE CHANGES (such as change)  ITHORITY OF FAR 43.103(b). | N THE CONTRACT                          |  |  |  |
| C. THIS SUPPLEMENTAL AGREEMEN  |  |  |   |  |  |  |
| D. OTHER (Specify type of modification   | and authority)   | 1500   |   |  |  |  |
| X   Contract Clause B.9  | €  |  |   |  |  |  |
| E. IMPORTANT: Contractor X is not,   | is required to sign this document a  | and return 0 copies to the issui   | ng office.                              |  |  |  |
| 14. DESCRIPTION OF AMENDMENT/MODIFICATION Tax ID Number: 05-0607601 DUNS Number: 166527569 Modification Title: Modific | ente.  |  | asible.)                                |  |  |  |
| Modification.  |  |  |   |  |  |  |
| Subj to Retent: NO   |  |  |   |  |  |  |
| Delivery Location Code: 007  | 01   |  |   |  |  |  |
| Idaho Operations   |  |  |   |  |  |  |
| U.S. Department of Energy  |  |  |   |  |  |  |
| Idaho Operations   |  |  |   |  |  |  |
| 1955 Fremont Avenue  |  |  |   |  |  |  |
| Idaho Falls ID 83415 US  |  |  |   |  |  |  |
| Continued  |  |  |   |  |  |  |
| Except as provided herein, all terms and conditions of the   | ne document referenced in Item 9A or 1   | 0A, as heretofore changed, remains unchanged and   | in full force and effect.               |  |  |  |
| 15A. NAME AND TITLE OF SIGNER (Type or print)  | - 1.<br>1.) W?   | 16A. NAME AND TITLE OF CONTRACTING OF  |   |  |  |  |
|  | 52 No.   | Maria M. Mitchell  |   |  |  |  |
| 15B. CONTRACTOR/OFFEROR  | 15C. DATE SIGNED   | 16B. UNITED STATES OF AMERICA  | 16C. DATE SIGNED                        |  |  |  |
| (Signature of agrees a different of to sign)   |  | Signature on File  | 417109                                  |  |  |  |
| (Signature of person authorized to sign)   |  | (Signature of Contracting Officer)   | OTAMPARD FORMAS (FEE)                   |  |  |  |

NSN 7540-01-152-8070 Previous edition unusable STANDARD FORM 30 (REV. 10-83) Prescribed by GSA FAR (48 CFR) 53.243 **CONTINUATION SHEET** 

REFERENCE NO. OF DOCUMENT BEING CONTINUED

DE-AC07-05ID14516/092

PAGE 2

OF 2

NAME OF OFFEROR OR CONTRACTOR CH2M WG IDAHO LLC

| ITEM NO.      | SUPPLIES/SERVICES   | QUANT        | TIY UNIT | UNIT PRICE | AMOUNT                 |
|---------------|---|--------------|----------|------------|------------------------|
| (A)           | (B)   | (C)          | (D)      | (E)        | (F)                    |
|               | 1 4 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5   | arte la      | ++       |            |                        |
|               | FOB: Destination  | 22           |          |            |                        |
|               | Period of Performance: 03/23/2005 to 09/30/2012   | i i          |          |            |                        |
|               |   |              |          |            |                        |
|               | Change Item 00001 to read as follows(amount shown   | 1            |          |            |                        |
|               | is the total amount):   |              |          |            |                        |
| 00001         | TRANS CLEANING PROTECT AT THE TWO   |              |          |            |                        |
| 00001         | IDAHO CLEANUP PROJECT AT THE INL  | 51           |          |            | 170 050 00             |
|               | Line item value is:\$3,013,170,360.00   |              |          | 3,013      | ,170,360.00            |
|               | Incrementally Funded Amount: \$1,694,263,264.83   | 177          |          |            |                        |
|               | ,   |              |          |            |                        |
|               |   |              |          |            |                        |
|               | Within Target Cost Funding De-obligation:   |              |          |            |                        |
|               | (\$1,121,310) of the net total \$757,855 obligation   | 1            |          |            |                        |
|               | for Modification 092. See Attachment 1 -  |              |          |            |                        |
|               | Detailed Funding Profile for details.   |              |          |            |                        |
|               | Change Item 00002 to read as follows(amount shown   |              |          |            |                        |
|               | is the total amount):   | -            |          |            |                        |
|               | sind doda' amounte, .   |              |          |            |                        |
| 00002         | B.5 Items Not Included in Target Cost   |              |          |            |                        |
|               |   |              |          | 106,       | 098,797.08             |
|               | Line item value is:\$106,098,797.08   |              |          |            |                        |
|               | Incrementally Funded Amount: \$106,098,797.08   | and the same |          |            |                        |
|               |   |              |          |            |                        |
|               | B.5 Obligation: \$1,879,165 of the net total  |              |          |            |                        |
|               | \$757,855 obligation for Modification 092. See  |              |          |            |                        |
|               | Attachment 1 - Detailed Funding Profile for   |              |          |            |                        |
|               | details.  |              |          |            |                        |
|               | 10 April 10 |              |          |            |                        |
|               | × ×   |              |          |            |                        |
|               |   |              |          |            |                        |
|               |   |              |          |            |                        |
|               |   |              |          |            |                        |
|               |   |              |          |            |                        |
|               |   |              |          |            |                        |
|               |   |              |          |            |                        |
|               |   |              |          |            |                        |
|               |   |              |          |            |                        |
|               |   |              |          |            |                        |
|               |   |              |          |            |                        |
|               |   |              |          |            |                        |
|               |   |              |          |            |                        |
|               |   |              |          |            |                        |
|               |   |              |          |            |                        |
|               |   |              |          |            |                        |
|               | Total Control of the | 2            |          |            |                        |
|               |   |              |          |            |                        |
|               |   |              |          |            |                        |
|               |   |              |          |            |                        |
|               |   |              |          |            |                        |
|               |   |              |          |            |                        |
|               |   |              |          |            |                        |
| N 7540-01-152 |   |              |          |            | TIONAL FORM 336 (4-86) |